the number of cuch in	
RN must be made for each, and	
a birth, a SEPARATE RETU order of birth sta	
se of more than one child at a birth, a	
N. B.—In ca	

	PIZONA STATE I	BOARD OF HEALT	ru 187
1. PLACE OF BIRTH	BUREAU OF V	ITAL STATISTICS TRICATE OF BIRTH	State File No. #36
Sila		11-	<u>.</u>
County District or Township Inspirals	ós	or Village.	
City minn	No. 20	7. 1. 4.	C St Ward
1	(If birth occ	<i>A</i>	m, give its NAME instead of street and number)
2. Full name of child ba	<u>~</u>	helips	{ If child is not yet named, make supplemental report, as directed.
3. Set of Child To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth	6. Legitimate?	7. Date Olicenter 29 1911-
3. FATHER Pull name Elijah Edw	and Millips	14. Full maiden name	MOTHER Cla Alico Pardy
O. Residence (Usual place of abode) Man	in anjon	15 Residence (Usual place of abode)	Manin arion
If non-resident, give place and state.		If non-resident, give	place and state.
otor or race While 11. Age at last	birthday 39 (Years)	16 Color or race White	17. Age at last birthday 33 (Years)
Sirthplace (city or place) Harris	, City	18. Birthplace (city or pl	ace) Dillez
(State or country) Zele	<u> </u>	(State or country)	alejan
occupation Chemist		19. Occupation	Houseman
nture of Industry Compus	amelling	Nature of Industry	
Number of children of this mother	(a) Born alive ar		21. Were precautions taken against oph- thalmin neonatorum?
ken as of time of birth of child herein fied and including this child.)	(b) Born alive by (c) Stillhorn		yes.
	CIFICATE OF ATTENDING	G PHYSICIAN OR MIDWII	PR <sup>®</sup>
ereby certify that I attended the birth of	this child, who was	Born alive or stillborn.)	at//: 45 4m. on the date above stated
* When there was no attending physician midwife, then the father, householder, c., should make this return. A stillborn	Signature	· · · · · · · · · · · · · · · · · · ·	O. Swiller
ild is one that neither breathes nor lows other evidence of life after birth.		······································	(Physician or saidwife).
ren name added from		mami.	
Month, day, ye		an 9 1,26	Le Down
Registrar		**************************************	Registrar
172-1729-178			

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